

~~LOST~~ SOLD
ORIGINAL

Facility Response Plan Tracking System
DATA Input Form

DataBase #: _____ Regional #: PA FRP 079

Owner Last Name: Exxon Company USA First Name: _____

Facility Name: Tuckerton PA Terminal

Example: 123 N MAIN ST NW SUITE 100 P.O. BOX 2000

Street Number(EX. '123'): 4030

Prefix (ex. 'N'): -

Street Name (ex. 'MAIN'): Pottsville

Street Type (ex. 'ST'): PIKE

Suffix (ex. 'NW'): -

Additional Information (ex. 'Suite'): -

Post Office Box Number (ex. '2000'): -

City: Reading State: PA Zip: 19605

Facility phone number: (215) 921-2016

IF MAILING ADDRESS IS NOT THE SAME AS THE FACILITY THEN ENTER BELOW:

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Largest tank capacity(gallons): 1018241

Maximum storage capacity (gallons): 3696931

Total number of storage tanks: 7

Dun and Bradstreet number: 008072118 Primary SIC code: 5127

Worst case discharge amount (gallons): 557592

Lead agency for response?: EPA

Facility operations include oil transfer to vessels over water? (Y/N): N

Facility lacks adequate secondary containment for any tank? (Y/N): ~~N~~ Y

Facility located near public drinking water intake? (Y/N): Y

Facility located near an environmentally sensitive area? (Y/N): Y

Reportable spill > 10,000 gal. and capacity > 1,000,000 gal.? (Y/N): N

Facility latitude: 75-55-48 Facility longitude: 40-24-42

Distance from facility to water (miles): > 1

Contact first name: Robert Last name: Frost Jr

Title of contact person: Terminal Supt

Number of ASTs: 15 Total AST capacity (gallons) : 13735579

Number of USTs: Total UST capacity (gallons) :

Date response plan received: Feb 12, 1993

Facility poses significant/substantial harm? (Y/N):

Date facility certification received:

Facility certification adequate? (Y/N):

Facility granted 2 year extension? (Y/N):

Response plan Reviewed? (Y/N):

Date Response plan review completed:

Modifications to response plan necessary? (Y/N):

Date Modifications to response plan due:

Date Modifications to response plans received:

FRP CASE PLAN REVIEW INFORMATION

Facility Compliance Tracking System Data Entry Form

Facility Name:

Tuckerton Terminal

SPCC ID: _____

FRP Case Regional ID:

PAFRPO79

FRP CASE PLAN REVIEW INFORMATION

Plan Review Information

Type (check one):

☐

Initial Review

☐

5 Year Follow-Up

Reviewer:

Cope / Fleming

Plan Received Date:

2/12/93

Plan Received Letter Date:

4/22/93

Review Date:

4/29/98

Final Review Date:

8/19/98

Review Result (check one):

☒

Approval Letter

☐

Extension Letter

☐

Change-in-Status Letter

☐

Letter of Inadequacy

☐

Enforcement

☐

NON Letter

Comments:

Deficiency letter sent 7/7/98

Approval letter sent on

11/24/98

Date Entered:

9/3/03

Data Entered By:

OB

Note: All field names that appear in **bold denote mandatory information delegated by FCT.

**Note: All field names that appear in *italics* denote the presence of a drop down menu in FCT.

Updated: March 2003

FRP CASE INSPECTION/INSPECTORS INFORMATION

Facility Compliance Tracking System Data Entry Form

Facility Name: _____

SPCC ID: _____ FRP Case Regional ID: _____

FRP INSPECTIONS/INSPECTORS INFORMATION

Inspections Information

Inspection Type (check one): ☐ Initial Review ☐ Follow-Up

Status (check one): ☐ Closed ☐ NON ☐ ORC ☐ 308 ☐ LOI

☐ WOR ☐ *** ☐ NUD ☐ REV

Inspection Date: _____ Follow-Up: _____

Approval Letter Date: _____ Change-in-Status Letter Date: _____

Inspection Comments: _____

Plan Available (choose one): ☐ Yes ☐ No ☐ Unknown

Inspector Information

Inspector Name: _____

Inspector Co-Lead Name: _____

Date Entered: _____

Data Entered By: _____

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****Note:** All field names that appear in *italics* denote the presence of a drop down menu in FCT.